

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9		8				
10		4				
11		4				
12		1				
13		3				
14		3				
15		3				
16		2				
17		2				
18		4				
19		4				
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49						
50						
TOTAL IND.	18					
TOTAL DEP.		90				
TOTAL CLAIMS		94				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						